

**CLAIMS ONLY**

**Application Number**

1011180546

**Filing Date**

2/19/04

**Applicant(s)**

- May be used for additional claims or amendments

| CLAIMS          | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|
|                 | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1               | 1        |        |                       |        |                        |        |
| 2               |          | 1      |                       |        |                        |        |
| 3               |          | 1      |                       |        |                        |        |
| 4               |          | 1      |                       |        |                        |        |
| 5               | 1        |        |                       |        |                        |        |
| 6               | 1        |        |                       |        |                        |        |
| 7               |          |        |                       |        |                        |        |
| 8               |          |        |                       |        |                        |        |
| 9               |          |        |                       |        |                        |        |
| 10              |          |        |                       |        |                        |        |
| 11              |          |        |                       |        |                        |        |
| 12              |          |        |                       |        |                        |        |
| 13              |          |        |                       |        |                        |        |
| 14              |          |        |                       |        |                        |        |
| 15              |          |        |                       |        |                        |        |
| 16              |          |        |                       |        |                        |        |
| 17              |          |        |                       |        |                        |        |
| 18              |          |        |                       |        |                        |        |
| 19              |          |        |                       |        |                        |        |
| 20              |          |        |                       |        |                        |        |
| 21              |          |        |                       |        |                        |        |
| 22              |          |        |                       |        |                        |        |
| 23              |          |        |                       |        |                        |        |
| 24              |          |        |                       |        |                        |        |
| 25              |          |        |                       |        |                        |        |
| 26              |          |        |                       |        |                        |        |
| 27              |          |        |                       |        |                        |        |
| 28              |          |        |                       |        |                        |        |
| 29              |          |        |                       |        |                        |        |
| 30              |          |        |                       |        |                        |        |
| 31              |          |        |                       |        |                        |        |
| 32              |          |        |                       |        |                        |        |
| 33              |          |        |                       |        |                        |        |
| 34              |          |        |                       |        |                        |        |
| 35              |          |        |                       |        |                        |        |
| 36              |          |        |                       |        |                        |        |
| 37              |          |        |                       |        |                        |        |
| 38              |          |        |                       |        |                        |        |
| 39              |          |        |                       |        |                        |        |
| 40              |          |        |                       |        |                        |        |
| 41              |          |        |                       |        |                        |        |
| 42              |          |        |                       |        |                        |        |
| 43              |          |        |                       |        |                        |        |
| 44              |          |        |                       |        |                        |        |
| 45              |          |        |                       |        |                        |        |
| 46              |          |        |                       |        |                        |        |
| 47              |          |        |                       |        |                        |        |
| 48              |          |        |                       |        |                        |        |
| 49              |          |        |                       |        |                        |        |
| 50              |          |        |                       |        |                        |        |
| Total<br>Indep  | 3        |        |                       |        |                        |        |
| Total<br>Depend | 3        |        |                       |        |                        |        |
| Total<br>Claims | 6        |        |                       |        |                        |        |

| May be used for additional claims or amendments |       |        |       |        |       |        |
|---|-------|--------|-------|--------|-------|--------|
|   | Indep | Depend | Indep | Depend | Indep | Depend |
| 51  |       |        |       |        |       |        |
| 52  |       |        |       |        |       |        |
| 53  |       |        |       |        |       |        |
| 54  |       |        |       |        |       |        |
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| 86  |       |        |       |        |       |        |
| 87  |       |        |       |        |       |        |
| 88  |       |        |       |        |       |        |
| 89  |       |        |       |        |       |        |
| 90  |       |        |       |        |       |        |
| 91  |       |        |       |        |       |        |
| 92  |       |        |       |        |       |        |
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| 94  |       |        |       |        |       |        |
| 95  |       |        |       |        |       |        |
| 96  |       |        |       |        |       |        |
| 97  |       |        |       |        |       |        |
| 98  |       |        |       |        |       |        |
| 99  |       |        |       |        |       |        |
| 100   |       |        |       |        |       |        |
| Total<br>Indep                                  |       |        |       |        |       |        |
| Total<br>Depend                                 |       |        |       |        |       |        |
| Total<br>Claims                                 |       |        |       |        |       |        |